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022844					Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
20395-	7590 05/15/2009				Certificate of Mailing or Transmission				
BROOKS KUSHMAN P.C./FOTI _{Mr} . David B. Kelley 1000 TOWN CENTER Ford Global Technologies, LLC 22ND FLOOR SOUTHER 1330 Town Center Drive, Suite 800					Thereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFFO (571) 273-2885, on the date indicated below.				
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								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	ENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/605,315 09/22/2003			Joseph G. Supina			81044241/201-1453 2314			
TITLE OF INVENTION	: HYBRID VEHICLE P	OWERTRAIN WITH IM	IPROVED REVERSE	E DRI	VE PERFORMAN	ICE			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	08/17/2009	
EXAMINER		ART UNIT	CLASS-SUBCLAS	s					
AVERY, BRIDGET D		3618	180-065250						
1. Change of corresponde CFR 1.363). Change of corresponders form PTO/SE "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 David B. Kelley 2 Brooks Kushman P.C.								
(A) NAME OF ASSIC	ess an assignee is ident h in 37 CFR 3.11. Comp GNEE al Technologi	ified below, no assignee pletion of this form is NO	data will appear on T a substitute for filir (B) RESIDENCE: (Dearborn,	the pand and CITY	atent. If an assign assignment. and STATE OR C	COUNT	RY)	ocument has been filed for	
4a. The following fee(s): **X** Issue Fee *** Publication Fee (N Advance Order - #	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1510 (enclose an extra copy of this form).								
5. Change in Entity State a. Applicant claim	tus (from status indicate s SMALL ENTITY state	•	b. Applicant is n	o lon	ger claiming SMA	LL ENT	TITY status. See 37 CI	FR 1.27(g)(2).	
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